

**INSTRUCTIONS FOR COMPLETING
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
APPLICATION FOR NEW INDEPENDENT CENTERS**

The application is available at <http://www.doe.sd.gov/cans/cacfp.aspx#applications>. If you have computer Internet access, you can download the document and complete it on the computer or print it out and complete it by hand. Original or agency–approved electronic signatures are acceptable. The application can be submitted on paper or electronically

Read and follow these instructions carefully. Approval of applications for the nutrition programs is a lengthy process. Your cooperation in submitting them with accuracy will be sincerely appreciated. Please feel free to contact our office with any questions you may have.

The application consists of three parts to be completed and returned with appropriate attachments, along with a Policy Statement, including the letter to parents (two pages), application for free and reduced price meals (two pages), public release, and if a pricing program, the notification letter. One copy of each application part and attachments is to be completed with original signatures and returned to the CANS office. A copy of the approved application packet and an approval letter from the South Dakota Department of Education, Child and Adult Nutrition Services, will be sent to you after it has been determined that the information meets all guidelines and regulations. The narrative (parts 4 and 6) and the regulations, along with policies, instructions, and policy manuals govern the program.

The approved Parts 1, 2, 3, and attachments, as well as the narratives in Parts 4 - 6 are to be kept at the Local Agency as the **permanent agreement**. Agreements are renewed annually with minor paperwork.

Complete Parts 1, 2, and 3, sign them as needed, and return them with appropriate attachments. Again, please do not hesitate to contact our office at (605) 773-3413 with any questions as you complete this application packet.

Applications should be submitted to:

Child and Adult Nutrition Services - DOE
800 Governors Drive
Pierre, SD 57501-2294

Claims and Audits should be submitted to:

Finance & Management Services - DOE
800 Governors Drive
Pierre, SD 57501-2294

Again, review of information and approval of the application is a lengthy process. During this time the State must secure and approve your materials if changed from the prototypes in Policy Statement Attachments (B & C). If you deviate from any of the attachments (letter to parents, application form, etc.), you must secure written approval from Child and Adult Nutrition Services personnel prior to releasing them for distribution.

Part 1 – COMBINED APPLICATION

All agencies complete and return one copy of Part 1, regardless of how many programs the agency operates. This section has general information about all programs.

A. LOCAL AGENCY DATA

1. Addresses and Phone Numbers - this is information for the local agency where mail will be sent for the authorized representatives and claim representatives for all programs the agency operates unless changes are noted on page 2.

The second address requested is for package delivery. This applies to agencies that use a PO Box for their mail. A physical street address is required for packages sent through package delivery services.

2. Local Agency Status – Indicate which of the listed items apply to the agency status. Include any required attachments. New Private and Public non-profit local agencies must provide proof of their tax-exempt status under section 501(c) 3 of the amended IRS code. Private, for-profit, non-residential child care agencies may be allowed to participate in the program under certain circumstances. Contact CANS staff members for additional information.

B. PROGRAMS

Check the program(s) the local agency is applying to operate. The Food Distribution Program (USDA Foods) box should be checked if the SFA or SFSP agency plans to order USDA Foods. It is possible that the Local Agency is not aware of all plans for providing meals in the summer. Documents for SFSP and SSO will be mailed in the spring and must be completed and submitted for program approval.

C. MEAL/MILK COUNT METHOD

It is imperative that all agencies maintain a reliable method for taking meal counts each day at each meal service. There are many acceptable methods for completing meal counts. Check whether point of service is used or an alternate method will be used.

Point-of-service means that point in the food service operation where a determination can accurately be made that a reimbursable free, reduced-price, or paid meal, or free or paid milk has been served to an eligible child. This is traditionally at the end of the serving line.

Alternate systems mean the count is taken in a different manner. Alternate systems must be approved by CANS. A couple of examples: 1) Meals are served family style and the names of children are checked on the roster immediately after they have been served and a determination is made that meals claimed are reimbursable. 2) Tickets are taken or roster is checked off at the beginning of the meal service line and the last person in the line or a lunchroom supervisor placed at the end of the line observing all meals makes sure that all children have the right number of food items on their trays. 3) Children are seated and their individual meals are brought to them. The names of children are checked on the roster immediately after they have been served. Provide additional information to describe any alternate systems used by each site in the Local Agency.

If your SFA uses a computer software program for daily meal counts, please provide the name of the software program or package. CANS often times get requests from schools and agencies for what programs are being used in South Dakota. The information provided can help CANS give assistance. The information is not released to any companies.

D. PRODUCTION RECORDS

Production records must be maintained for all child nutrition programs, except the Special Milk Program and in day care homes. A prototype has been provided by the State Agency (CANS) for each program. The one for school meals can be found in SD NSLP Memo #9A. CACFP is in the production records book, and SFSP is distributed at training.. If the local agency has developed its own production record or is using one from a company (such as a computerized method), check the alternate form box and include a copy of what is used for state approval. Any changes to the state prototype form or use of a different form must have CANS approval before using. CACFP agencies should indicate the number of production record books needed – a maximum of one per site.

E. PERSONNEL

This item requests information for personnel for all programs and the address and contact for USDA Foods (commodity) delivery. Sometimes the same person is responsible for all areas of all programs. If that is the case, it is not necessary to complete the information repeatedly. Just write "same" on the top line of that section. The names of the programs are in the columns and the information being requested relative to each program is listed in the rows on the left.

- Authorized Representative is the person designated and authorized by the governing board to enter into contracts on behalf of the local agency and must be administratively responsible to Child and Adult Nutrition Services for all administration and operation terms of the Child Nutrition Programs. A separate mailing address for the authorized representatives can be listed. NOTE: the second contact name and e-mail is for someone who can also be contacted at the agency when the first person may not be available. This is only needed for those agencies that have one person responsible for all areas. This would be used only in emergencies.
- Claim Representative is the person responsible for completing the claims for reimbursement and the person who should be contacted in case of questions regarding the claim. Mail for the claim representative is sent to the mailing address from page 1.
- Food Service Director is the person responsible for food service/nutrition program operations at the local agency. This person will receive the commodity order blank. This person is sometimes located in a different building. A separate address can be used for the food service director. A separate page will come with the first order blank requesting information for emergency contact information, second party contact, and commodity order information.
- USDA Foods Delivery Address is the physical address (not PO Box) where the USDA Foods will be delivered if the agency receives them. Fill in the appropriate blanks if the contact person, delivery address, or any other information related to the commodity delivery is different from information provided previously. Child and Adult Care Food Program and Special Milk Programs do not receive commodities. If there are multiple delivery addresses, please add a page with the appropriate information. The charge for each extra drop is \$50.

F. SITE SUMMARY

This item asks for the name of each attendance center and some relevant information. Each attendance center should be listed, whether or not they are all in the same building. Generally, the attendance centers listed should be the same as those reported to the Department of Education. You will use these same sites when you complete the October Survey of Data. Attendance centers that are split between buildings should be noted and

separate information provided for them on this application. The columns on the left list the various programs in which a site can participate. The city is needed to help identify the site. Attach additional pages if necessary.

The type of center varies by program.

CHILD AND ADULT CARE FOOD PROGRAM

ADCC – Adult Day Care Center
CC – Child Care Center
CCCH – Child Care Center - Head Start &
Early Head Start
CCCO – F/RP for Profit Center
DCH – Day Care Home
ES – Emergency Shelter
GFDCH – Group Family Day Care Home
OSH – Outside School Hours
XX – Title XX for Profit Center

SCHOOL NUTRITION PROGRAMS

(NATIONAL SCHOOL LUNCH & SCHOOL BREAKFAST)

EL SCH – Elementary School
JHSCH – Junior High School
MSCH – Middle School
PSCH – Pre-School
RCCI – Residential Child Care Institution
SHSCH – Senior High School

SPECIAL MILK ONLY

EL SCH – Elementary School
JHSCH – Junior High School
MSCH – Middle School
NPN – Nonprofit Nursery
PSCH – Pre-School
SC – Summer Camp
SH – Settlement House
SHSCH – Senior High School
SVCI – Service Institution

SUMMER FOOD SERVICE PROGRAM AND SEAMLESS SUMMER SITES

CAMP – Residential Camp
ENRL – Enrollment Site
MIGR – Migrant
NRC – Nonresidential Camp
NYSP – National Youth Sports Program
OPEN – Needy Area

The Begin Date and End Date are the beginning dates of the program and the end date of the program. The agreement covers the federal fiscal year of October 1 through September 30. We realize the end date may be an estimate based on schedule changes, such as make-up for bad weather.

Operating Days per Week - Circle which days per week is this attendance center open. Meals in NSLP and SBP can only be claimed on days the school is in regular session. Meals served on "tutoring days" cannot be claimed as part of NSLP/SBP.

Total Number of Operating Days - How many days per year does this attendance center intend to operate?

NSLP only - If Afterschool Snack is offered as part of NSLP, circle the days the agency offers the snack.

G. CONTRACTS

List any contracts that were answered with a "yes". Attach a copy of that contract for approval.

H. ATTACHMENTS

Include copies of required documentation and check which documents are attached. New Local Agencies that are private nonprofit must provide proof of their tax-exempt status under section 501(c)3 of the amended IRS code. The verification and edit checks are no longer requested as forms and procedures for that are standardized for all schools. If you wish to have an alternate edit check form reviewed, that can be sent in with such a note.

I. AUTHORITY

The authority for program operation is provided in Section I.

J. ASSURANCES

This section provides assurances that the program will be operated according to program requirements, and that the agency has not been suspended or debarred.

Part 2 – Child and Adult Care Food Program Application

A. Local Agency Information

1. Fill in the Local Agency name. Child and Adult Nutrition Services (CANS) assigns the Local Agency number. If the agency is new to the special nutrition programs, leave this blank. If the agency operates another Program use the same number for this Program application part.
2. **Production Records** – Indicate if the agency needs a Menu Production Record book from the State agency. If infant meals are claimed for reimbursement, the infant meal patterns must be followed and infant menu production record forms must be maintained for each infant meal claimed for reimbursement. Prototype infant production record forms are available upon request from the State Agency though not in bulk. The agency will need to make copies of the infant production record form as needed.
3. **Contracts** – All contracts must be listed here, a copy of each contract must be included with the application, and each contract must be approved by the State Agency. A sample Food Service Management Company Contract with bidding procedures is available from the State Agency on request. You may request a prototype agreement between a school and a center can if the agency wishes to purchase meals from a school.
4. **Faith-Based or Community-Based Status** – Federal regulations require state agencies to gather and report (to the Federal government) on the types of agencies participating. We do realize that your agency may fit in more than one category but there are the choices that we must report on. If your agency fits into more than one category, simply choose the one that best defines your agency.
5. **Payment Procedures** – This section only needs to be completed by agencies that are pricing programs. If there is a separate fee charged to families for the meals served, the agency is considered a pricing program. Explain the procedures that will be used to distribute notices of payments, collection of payments, and how the anonymity of participants who receive free or reduced price meals will be protected.
6. **Hearing Officials** – This section only needs to be completed by agencies that are pricing programs. Enter the names and titles of the two different officials. The first name is the person who will determine the eligibility of applicants for free and reduced price meals and the second name is the person who will hear any appeals made by participants if they disagree with the

original determination. The hearing official should rank higher than or be independent of the determining official.

7. **Attachments** – Indicate the applicable attachments that will be included with the application. See the bold print behind each bullet to determine if this is an attachment that must be included. Note that some are required for all agencies, others are only required if applicable. **Note: we only need one copy of each attachment even if we ask for a copy in more than one location within the application.**

B. Management Plan

1. Training –

- a. **Training Plan** – Complete the chart to reflect all CACFP training that will be provided to each key staff member during one full program year (October – September). If the agency does not care for infants, the infant feeding topic does not need to be covered. Head Start centers, at risk (only) center, and emergency shelters are not required to be trained in the area of F/RP applications. The pre-approval visit from the Child and Adult Nutrition Services office will cover each of the topics.
- b. **Annual Training** – Annual training is required for all key staff. Describe the measures that are taken by the local agency to ensure that all key staff participate in annual training.

2. Record Collection

- a. **Child Records** – Records must be kept on file for three years beyond the year to which they pertain. On the chart provided, indicate the local agency's system for collecting and filing each of the forms listed. Make sure that you indicate that free and reduced price meal applications are collected annually.
- b. **Record Review** – Indicate how each of the records that are collected are reviewed to make sure that Program requirements (meal patterns, meal counts, eligibility for free or reduced price meals, etc.) are met. The following is a summary of the minimum information that **must be included** in the descriptions provided by the agency on the application. **If you wish to have the form that includes all of the required information (and you just sign it) please contact our office.**

Free and Reduced Price Meal Applications – After these records are collected they must be reviewed to make sure that the following information is completed: 1) all family members are listed, 2) a case number is provided for an “eligible” program (SNAP, TANF, or FDIPIR) or the income of each family member is provided, 3) there is an adult household member signature on the form, and 4) there is a social security number for that household member (or the box is checked stating that they do not have a social security number).

Enrollment Forms – After these records are collected they must be reviewed to make sure that the following information is completed: 1) each child's full name is listed, 2) each child's date of birth is listed, 3) the normal hours are listed, 4) the normal days of care are listed, 5) the normal meals eaten while in care are listed, and 6) a parent's signature is on the form. These forms must be reviewed (and updated, as needed) by the parents on an annual basis.

Meal Count Records – After these records are collected they must be reviewed to make sure that the following information is completed: 1) the full name of each child is listed on the form, 2) the meal counts have been completed daily, 3) the meal counts are not done

in advance, and that 4) attendance records support that the children were in attendance for all of the meals that were claimed.

Time In / Time Out Records – After these records are collected they must be reviewed to make sure that the following information is completed: 1) the full name of each child is listed, and 2) the actual time in and time out are recorded for each child on a daily basis.

Menus – After menus are planned and before they are served, they must be reviewed to make sure that: 1) the CACFP meal patterns are followed for all meals and 2) the menus are nutritious (variety, limit sweets to not more than two times per week, etc.).

Menu Substitutions – If substitutions need to be made on the planned menus the substitutions need to be reviewed before the meals are claimed to make sure that any substitutions that were made were appropriate substitutions (i.e. the meal or snack is still reimbursable).

Accounting Records – All records of costs must be reviewed to ensure that: 1) all costs are “allowable” costs, 2) all receipts are itemized and dated, and 3) a nonprofit food service is operated (i.e. all CACFP monies are spent on CACFP costs).

C. Board of Directors

All private and public, nonprofit agencies are required to have a board of directors and must provide the information as requested in questions 1-6. The board should meet regularly. Board members should be informed of the local agency’s participation in the CACFP and the specific requirements and regulations related to the operation of the CACFP. They will be held liable, in addition to the local agency, should the agency be found to be seriously deficient in the operations of the CACFP. The chart on Attachment F in Part 6 must include all responsible principals and individuals. We will maintain this information confidentially unless such actions occur on the part of the local agency or any board member that requires termination for cause, at which time, we must provide this information to USDA for placement on the National Disqualified List.

D. Publicly Funded Programs

Provide the information as requested. Publicly funded programs are programs in which the local agency or any of its principals participated in (or received funding from) that come from public (city, state, federal) funds. If the local agency or any principal has been disallowed from participation in any of these programs, the reason **must be** listed. Providing fraudulent information in this section may result in termination from the CACFP and/or prosecution.

E. Institution Principals

We collect this information in the attachments sections of the application packet to enable our office to better protect the confidentiality of the information. Refer to, complete, and return Attachment F in Part 6 of the application packet.

F. Finance Section

1. **Audit** – If the agency received and spent over \$500,000 in federal financial assistance in the prior fiscal year an A133 audit is required. Indicate the date of the last financial audit and the firm doing the audit. If the agency did not receive and expend over \$500,000 in federal financial assistance, the agency is exempt from audit. Mark the appropriate box and complete this section if an audit is required. The Child and Adult Care Food Program may provide some

audit reimbursement for the child nutrition portion of an audit pending availability of federal funds. This request for reimbursement may be made to Child and Adult Nutrition Services **prior** to the audit. Prior agreement to the cost will be necessary.

2. **Pricing Programs** – If the center charges a separate fee for meals, the local agency is a pricing program. Indicate the amount that is charged for the meals. It is not allowable to charge any fees for meals to families who qualify for free meals. The maximum fee that may be charged to families who qualify for reduced price meals are: breakfast = \$.30, lunch and supper = \$.40, and snacks = \$.15. There are no limits to the fees that are charged to adults or to families who do not qualify for free or reduced price meals.
3. **Related Party Transactions** – To protect the integrity of the federal funds received from the Child and Adult Care Food Program all related party transactions must be reported at the time of application. Provide specific information, as requested on the application. If there are not any related party transactions to report, indicate that specifically in writing on the application. A business deal or arrangement between two parties who are joined by a special relationship prior to the deal. For example, a business transaction between a board member and the agency, such as a contract for the board member's company to perform renovations to the daycare center, would be deemed a related-party transaction.
4. **Sources of Income** – Every agency must be able to document that it is financially viable. The amount of reimbursement from the meals served is not intended to be a total reimbursement for all food service costs. Therefore, it is necessary to ensure that other sources of income are available to the center to cover all food service costs. These monies may come from day care fees, grants, etc. If there are any foreseen changes in the level, function, and/or nature of funding sources, indicate any impact the change will have on the local agency.
5. **Resources Available** – Provide the information as requested. This information helps the state agency to determine the financial viability of the agency as is required.
6. **Repayment of Overclaims** – Provide the information as requested. Again, this information helps the state agency to determine the financial viability of the agency as is required.
7. **Multi-State Operations** – All agencies must complete question a. If the answer to question a is "yes" then you must complete questions a-c. For question b, indicate if the parent organization or the local agency is financially and/or administratively responsible for the organization. For question c, provide an answer yes or no.
8. **Annual Budget** – This section must be completed by all sponsors of centers.
 - a. **Administrative Use of Funds** – All centers must answer this question. If "no" you may mark the box and move to the next question. If yes, you must describe the administrative costs that will be covered using CACFP reimbursement. Be as specific as possible.
 - b. **Administrative Cap** – You may not use more than 15% of your reimbursement towards the administrative costs that are involved in the operation of the CACFP. If your administrative costs exceed 15% of the reimbursement that you receive from the CACFP then you must use other sources of income to pay those administrative costs.
 - c. **Multi-Purpose Organizations** – All centers must answer this question. If "no" you may mark the box and move to the next question. If yes, you must describe in detail the way the agency will break down the costs and charge the costs to the specific programs. You may contact the finance office if you need assistance with what you are required to report on this page.

- d. **Anticipated Reimbursement Worksheet** – This worksheet is a means of determining the approximate amount of reimbursement (CACFP funds) that will be received. Complete the worksheet using approximate average daily participation (ADP) for each meal (according to the estimated number of free, reduced and paid participants participating). Include all sites. Take that number (ADP) times the number of serving days in a year. This will give you the number of meals per year. Take the number of meals times the current rates of reimbursement to get the amount of reimbursement for that meal type according to the eligibility categories. Current rates of reimbursement are updated each year in July and are available on the new claim forms or upon request from the state agency. The reimbursement column should be added for each meal type. The totals from each meal type should be added together to determine the total anticipated CACFP meal reimbursement.

Budget Expenditure Worksheet – Complete the budget worksheet to document the expenses that will be paid using CACFP funds. Once the agency has documented that all CACFP reimbursement is spent on CACFP expenses a nonprofit food service operation has been documented and the budget is considered complete. Should the local agency need to make any changes (during the year) to the approved budget, the local agency should make those changes, highlight the changes, and submit a highlighted copy to the CANS office with a cover letter explaining the need for the amendments. The CANS office must approve all amendments to the budget.

- A. **Food for the CACFP** – Determine or estimate the average monthly cost of food and multiply by 12 months. TOP here if this equals or exceeds the Anticipated Reimbursement.
- B. **Non-food for the CACFP** – Non-food includes napkins, dishwashing detergent, disposable plates, cups, or utensils, etc., used for food service. Estimate the cost for the budget period as above. STOP here if the cost of food plus the cost of non-food equals or exceeds the Anticipated Reimbursement.

The following expenditures may be approved, if appropriate, for the local agency. **Include these expenses only if the Anticipated Reimbursement has not been allocated.** You do not need to complete all lines on the budget form. As noted on the budget form some items require prior approval or specific prior written approval from the Child and Adult Nutrition Services (CANS) office. The local agency budget will be limited in that no more than 15% of total reimbursement may be spent on administrative expenses.

- C. **Salaries** – Prorate any salaries charged to the CACFP based on time and task logs. Fringe benefits include employer's matching portion of FICA, unemployment, worker's compensation, insurance, etc.
- D. **Office Costs** – Prorate the portion of the office costs applicable to the CACFP. Document the method for prorating all application office costs included in the budget. Attach separate documentation as needed. Rental costs, office equipment purchases or leases, and computer purchases must be approved in advance and the State agency must provide the local agency with specific prior written approval for the cost of the item being charged to the CACFP.
- E. **Utilities** – Prorate the portion of the utility costs applicable to the CACFP. Document the method of prorating all utilities costs included in the budget. Attach separate documentation as needed.

- F. Equipment for Food Service** – Equipment includes expenditures for repairs to existing food service equipment, equipment replacement, or additions.
- G. Contractual Services** – Prorate to determine the portion of the contractual service costs applicable to the CACFP. Document the method of prorating for all applicable costs included in the budget. Attach separate documentation as needed. Contracts of this sort must be approved in advance and the State agency must provide the local agency with specific prior written approval for the cost of the item being charged to the CACFP.
- H. Travel** – Determine or estimate the costs involved for travel to attend training, to conduct monitoring reviews, etc. for the CACFP. Indicate the cents per mile for mileage costs. Travel expenses require prior approval from the State agency. If the agency wishes to use CACFP funds to pay for any part of the costs involved in a workshop that is not solely for the purpose of the CACFP the State agency must provide the local agency with specific prior written approval for the cost of the item being charged to the CACFP.
- I. Other** – Specify any other costs directly attributable to the food service program. Attach written justification for the cost.

Add all of the amounts in rows A-I to come up with the total expenditures that will be paid using CACFP reimbursement.

G. Certificate of Authority

If the Authorized Representative is the Board President, CEO, Owner, Tribal Chair, or Superintendent of the Local Agency, no signatures are needed. If the Authorized Representative is someone other than the Board President, CEO, Owner, Tribal Chair, or Superintendent, an agency official must grant authorization to the Authorized Representative to be administratively responsible to Child and Adult Nutrition Services for the administration and operation of the CACFP. By signing this section, authorization is granted to the individual to administer the program.

H. Assurance Statement

This section must be signed by the Authorized Representative (as listed in G, above) which provides assurances that the program will be operated according to program requirements and that the local agency has not been suspended or debarred.

Part 3 – Site Application Child and Adult Care Food Program

1. Enter the Local Agency name. The CANS office assigns the Local Agency number.
2. Enter the name of the site (center). The site name must be listed exactly the way it appears on the license. Also, if this is not a licensed facility (e.g. Head Start site) this should not be a person's name. It should be the name of the building or the name of the town in which the Head Start site is located.
3. Enter the physical address of the site (not a P.O. Box). If there is no street address, provide specific directions to arrive at the site starting at a major highway/interstate nearby.

4. Indicate the type of site. A nonprofit center has 501(c)3 status from the Internal Revenue Service. A Title XIX For Profit is a center whose participation is based on the number of participants who receive Medicaid funds (at least 25% of enrollment or licensed capacity). A Title XX For Profit is a center whose participation is based on the number of participants who receive child care assistance from the Department of Social Services (at least 25% of enrollment or licensed capacity). A F/RP For Profit is a center whose participation is based on the number of participants who qualify for free or reduced price meals (at least 25% of enrollment or licensed capacity).
5. Provide the name and title of the person who is the site supervisor and indicate if the person is a new person to the program. Provide the name and title of the person responsible for the food service at this site and indicate if the person is new to the program.
6. Indicate the method(s) that will be used to prepare meals for this site. Mark all that apply if more than one method is used. If more than one method is used, describe how and/or when each method is used. For preparation at the meal service location, meals are prepared on site at that center. For preparation at central kitchen, meals are prepared at a central site and delivered to this site for the meal service. For meals under contract with a food service management company, the center has a contract with a food service management company (college, restaurant, nursing home, hospital, etc). And, for meals under contract with local school system, a contract is in place with the local school to prepare the meals for the children at the center. If meals are prepared by a school or under a food service management contract, the agency must mark where the meals are served (at the center/site or at the school/location that prepares the meals). If there is a contract with any school or food service management company, a copy of the contract must be sent for approval.
7. Fill in the chart indicating meal times for each meal type and the estimated ADP. ADP is the Average Daily Participation or the average number served each day for each meal type. No more than two meals and one snack or two snacks and one meal may be claimed for each participant in any given day. More meals may be offered but the agency may only claim reimbursement for up to three meals (one of which must be a snack) for each child. All local agencies must allow a minimum of two hours between the beginnings of meal services.
8. Indicate if the center/site receives other Federal funds. If so, provide the name of the program (e.g. Head Start).
9. Indicate if the center is licensed/approved by Federal, State or local authority. If not, indicate if it is a Head Start or Early Head Start site. Most agencies (except Head Start and Early Head Start sites) on the CACFP must be licensed to be approved for participation in the program. Sites that are applying for the at-risk after-school program may be eligible to participate in the program without being licensed. However, prior to approval, all information shared on this application will be shared with the licensing staff at the state level to make sure that the center is truly exempt from licensing requirements.
10. Operating Data:
 - A. Circle the days the site is open.
 - B. List the hours of operation for this site.
 - C. Indicate ages of participants the site is licensed for and the ages of participants meals will be claimed for. Note: 1) in child care, meals may not be claimed in the CACFP for participants over the age of 12 unless the participant(s) is/are functionally impaired or are children of migrant workers (up to age 15); and 2) in adult care, meals may not be claimed

in the CACFP for participants under the age of 60 unless the participant(s) is/are functionally impaired.

- D. Indicate the **estimated** number of participants eligible for free, reduced, and paid meals.
 - E. Check the method by which meals will be served. In unitized meals, each participant receives all food items at the same time on a plate/tray (going through a line, receiving the plate/tray from an adult, etc). In family style meals, the food is placed in containers on a table. Participants sit at the table and help themselves to the food items they want with adult encouragement to take the minimum amount required of each food item (and help, as needed).
 - F. All child care centers which provide care for infants must offer at least one choice of formula to the families of infants (even if the agency does not claim infant meals). Indicate the brand(s) of formula provided by the center. If the site does not care for infants, mark the appropriate box.
 - G. Indicate if the center cares for participants in shifts (just after school, just before school, etc.).
 - H. List any full weeks during the current Program year this center/site will not be open.
11. Provide specific information about the food service personnel at this site.
12. List the name of the local public school (i.e. if a family lived at the address of the site, where would the children attend school according to school boundary lines). In order to be eligible for this Snack After School meal, CACFP centers must be in a geographical area served by a school in which at least 50 percent or more of the children are eligible for free or reduced price meals. This will be verified by the State agency to determine the center's eligibility to participate in this at-risk program.

SNACK AFTER SCHOOL OPTION – Complete this section **ONLY** if the agency is planning to participate in this at-risk program. This program is different from the regular PM snack served in child care facilities in that it targets children ages 6-18 that come to the center specifically for an after-school program. This option is only available in low income areas of the state. This option is also only available during the regular school year.

- 13. Indicate if the local agency owns/operates the site in which the program will operate.
- 14. If the center is eligible, all children **must be** served snacks at no charge.
- 15. Snacks (and some meals) served **only** to the children enrolled in the after-school program may be claimed for reimbursement under this all-free option.
- 16. The primary purpose of the program **must be** to provide care to children in after-school settings.
- 17. The agency may receive the all-free rate of reimbursement for the suppers served to all of the school age children only. If you plan to serve suppers, mark this as yes.
- 18. On non-school days during the school year, the agency may receive the all-free rate of reimbursement for one snack and one meal for the school aged children only. If the agency wishes to claim a 2nd snack or meal to these children, the third meal or snack must be claimed as paid or the agency must have documentation on file that shows the child is eligible for a

higher (free or reduced price) rate. Mark yes if you plan to claim a breakfast or a lunch for any school age child on a non-school day during the school year.

19. Describe the activities as requested. Education and enrichment activities must be offered on a daily basis.
20. Activities must be structured and supervised.
21. The program must be open to all school age children, limited only by space, and/or security considerations, and/or licensing requirements?
22. Documentation of attendance must be maintained. This documentation must record the time in and time out for each child.
23. Indicate if the program will be operated on any non-school days, such as holidays and in-service days. Operation on non-school days is limited to during the school year only and does not include summer vacation.
24. Describe the method that will be used to record meal counts. By name meal counts must be taken and only meals that meet the snack pattern requirements are eligible to be claimed for reimbursement.

Part 4 – Child and Adult Care Food Program Agreement

Read this part carefully and keep it on file with the application. You do not need to return this part.

Part 5 – Does not apply to the Child and Adult Care Food Program.

Part 6 – Policy Statement Attachments Child and Adult Care Food Program

New agencies must complete, sign, and return a pricing policy statement. The pricing policy statement (pricing or non-pricing) is permanent unless the agency contacts Child and Adult Nutrition Services to make a change in their pricing/non-pricing policy. At that time a new pricing policy must be completed, signed, and returned to the CANS office for approval. If changes are made to the existing policy statement (e.g. switching from non-pricing to pricing program), contact the State agency for a new policy statement to complete and return. All local agencies **must** return the appropriate policy statement attachments (letter to participants, free & reduced price meal application and public release). These must be sent to our office even if the local agency plans to use the forms as they are. If that is the case, indicate that on each form. If changes are made to the prototype form, the forms **must be submitted for approval prior to use.**

Attachment A – INCOME ELIGIBILITY GUIDELINES – These are the income guidelines that are to be used by the local agency officials in determining eligibility for free or reduced price meal benefits. This form may not be provided to families applying for free or reduced price meals. This form does not need to be returned.

Attachment B1 – PRICING PROGRAMS PROTOTYPE LETTER TO PARTICIPANTS – This form is for **PRICING PROGRAMS ONLY**. This attachment explains the opportunity for families to apply for free or reduced price meals. This attachment along with attachment B3 (all three pages) **must be** provided to all families in the center. If the local agency operates a pricing program, return a copy of the letter to participants used by the local agency to CANS.

Attachment B2 – NON-PRICING PROGRAMS PROTOTYPE LETTER TO PARTICIPANTS – This form is for **NON-PRICING PROGRAMS ONLY**. This attachment along with attachment B3 (all three

pages) **must** be provided to all families in the center if the local agency wishes to claim meals in the free or reduced price category. Exceptions to this are Emergency Shelters, Head Start Children, and At-Risk Snack After School children. Meals may be served to participants in these Programs can be claimed as free without an application on file to support eligibility. If the local agency is a non-pricing program, return a copy of the letter to participants used by the local agency to CANS as part of the policy statement.

Attachment B3 (this attachment includes the following three pages):

INCOME GUIDELINES AND INCOME TO REPORT – This form provides families with basic information about the types of income to report and the income guidelines for eligibility. This form **must be** provided to all families applying for meal benefits. **Note:** only the reduced income scale may be included on this attachment. Return a copy of the form used to provide this information to families.

FREE AND REDUCED PRICE MEAL APPLICATION – This is the current income application and **must be provided** to families wishing to apply for free or reduced price meal benefits. It is not required that families complete this form but no meal benefits (free or reduced price meals) should be provided without an approved application on file. Return a copy of the application provided to families as part of policy statement. This does not apply to children in Emergency Shelters, Income Qualified Head Start children or children enrolled in the At-Risk Snack After School Program. NOTE: Direct certification information that has been given directly to the participant's household by the local SNAP office, TANF office, Food Distribution on Indian Reservations, or "notice of eligibility" from a school-based Program on direct certification, may be submitted to the center or sponsor instead of completing a free and reduced price meal application.

FREE AND REDUCED PRICE MEAL APPLICATION INSTRUCTIONS – This is the instruction page (back page) for the application for free and reduced price meals and **must be provided** to all families applying for meal benefits. Return a copy of the form used to provide this information to families.

Attachment C – **NOTIFICATION LETTER TO PARTICIPANTS FOR PRICING PROGRAMS** – **PRICING PROGRAMS ONLY** will use this prototype. This letter must be sent to all participants who have completed an application for free or reduced price meals. The notification must be sent to the participants within the time lines indicated in the Policy Statement. Return a copy of the notification letter used by the local agency to CANS.

Attachment D – **CIVIL RIGHTS DATA COLLECTION** – Regulations require that racial/ethnic data **be collected annually**. This information must be collected for the area served and for the local agency and be maintained on file for three years beyond the year it was collected. You do not need to return this attachment to Child and Adult Nutrition Services. If you have difficulty collecting the information for the area served you may contact the CANS office for county data.

Attachment E1 – **PUBLIC RELEASE** – This form is for **PRICING PROGRAMS ONLY**. A public release **must be** provided to the media. The media is not required to publish the information nor is the local agency required to have it published if a fee is involved. If the local agency operates a pricing program, complete this form as indicated and return to CANS a copy of the information that was provided to the media.

Attachment E2 – **PUBLIC RELEASE** – This form is for **NON-PRICING PROGRAMS ONLY**. A public release **must be** provided to the media. The media is not required to publish the information nor is the local agency required to have it published if a fee is involved. If the local agency operates a non-

pricing program, complete this form as indicated and return to CANS a copy of the information that was provided to the media.

Attachment F – RESPONSIBLE PRINCIPALS AND INDIVIDUALS – You must complete and return this attachment. An institution “principal” is considered to be the agency’s Owner / CEO / Tribal Chair / Superintendent / or equivalent, and any persons listed in Part 1 of the application (Authorized Representative, Food Service Director, Claim Representative). All institutions participating in the CACFP **must provide** this information. Read the statements that follow the chart. You must have a screening system in place to scrutinize any criminal convictions of board members which may disqualify them from performing administrative functions. You may request a sample certification statement from our office. The Authorized Representative **must sign** at the end of this section.

Attachment G – AGREEMENT CHANGE FORM – This is the form that your agency should use to make any changes to the agreement or application once it has been approved by our office. If you have questions on how to use this form you may contact our office for assistance.